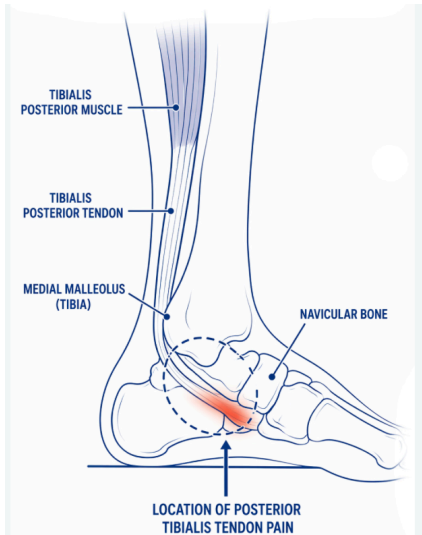


ONE-PAGE PATIENT SUMMARY

Tibialis Posterior Tenosynovitis

Medial ankle tendon pain: recognise it, support it, rebuild it



The tendon runs behind the inner ankle into the arch.

What is it?

Irritation of the **posterior tibial tendon** and its gliding sheath. The tendon helps support the foot arch and push-off during walking. Early pain may occur without deformity; later dysfunction can cause weakness and a progressively flatter foot.

Typical symptoms

- Pain or swelling behind and below the inner ankle bone.
- Symptoms extending into the arch, often worse with walking, hills or stairs.
- Morning stiffness or soreness after rest.
- Pain or weakness when rising onto tiptoe.
- The foot feels tired, rolls inwards or appears flatter.

Start with the right support

1 Manage load

Reduce the walking, running, hills or standing that repeatedly flare symptoms—but avoid complete rest. Keep activity within a tolerable range.

2 Support the foot

Use stable, well-fitting footwear. An arch support, orthosis or brace may reduce tendon demand when individually fitted.

3 Rebuild capacity

Progress foot, calf, balance and whole-leg exercises. Strength work is commonly spaced every other day for recovery.

4 Review progress

Arrange review if symptoms, walking or foot shape worsen, or if there is little improvement after 6–12 weeks of well-followed care.

Exercise in stages

1 Settle and reconnect

Ankle pumps, gentle in/out control, short-foot arch set and a comfortable calf stretch.

2 Strength and balance

Resisted inversion, double-leg calf raises and supported single-leg balance.

3 Capacity and function

Step or single-leg heel raises, toe-walking and gradual return to daily or sport-specific load.

The 24-hour response rule

Mild, tolerable discomfort may be acceptable. If pain, swelling or function is clearly worse later that day or the following morning, reduce the range, resistance, repetitions or frequency. Stop for severe or rapidly increasing pain.

Seek prompt assessment

A sudden injury or "pop"; new loss of push-off or tiptoe strength; rapidly flattening arch; inability to bear weight; rest or night pain; spreading redness, fever or marked numbness. A red, hot, swollen foot in someone with diabetes or reduced sensation needs same-day urgent assessment.

Important treatment points

A scan is not always needed. Ultrasound, weight-bearing X-rays or MRI may be used when findings would change care. A short-term boot may help selected severe cases. **Corticosteroid must not be injected into the tendon** because of rupture risk. Surgery is reserved for selected persistent, progressive or rigid cases.

Need advice tailored to you? This poster supports, but does not replace, individual assessment.

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